Please print or type in the unshaded areas only
(fill-in areas are spaced for elite type, i.e., 12 characters/inch).

For Approved. OMB No. 2040-0086. Approval expires 5-31-92

FORM 1 GENERAL

U.S. ENVIRONMENTAL PROTECTION AGENCY

GENERAL INFORMATION

Consolidated Permits Program

(Read the "General Instructions" before starting.)

I. EPA I.D. NUMBER

S		T/A	C
F	VAD121824023		D
1	2 — 13	14	15

LABEL ITEMS

- I. EPA I.D. NUMBER
- III. FACILITY NAME
- V. FACILITY MAILING LIST
- VI. FACILITY LOCATION

VAD121824023

Ronile, Inc.

P.O. Box 1059, Rocky Mount, VA 24151

701 Orchard Avenue, Rocky Mount, VA 24151

GENERAL INSTRUCTIONS

If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent *(the area to the left of the label space lists the information that should appear)*, please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI *(except VI-B which must be completed regardless)*. Complete all items if no label has been proved. Refer to the instructions for detailed item descriptions and for the legal authorization under which this data is collected.

II. POLLUTANT CHARACTERISTICS

INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental from listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of **bold-faced terms**.

SPECIFIC QUESTIONS	MARK "X" YES	NO	FORM ATTACHED	SPECIFIC QUESTIONS	MARK "X" YES	NO	FORM ATTACHED
A. Is this facility a **publicly owned treatment works** which results in a **discharge** to **waters of the U.S.?** (FORM 2A)	☐ 16	☒ 17	☐ 18	B. Does or will this facility *(either existing or proposed)* include a **concentrated animal feeding operation** or **aquatic animal production facility** which results in a **discharge** to **waters of the U.S.?** (FORM 2B)	☐ 19	☒ 20	☐ 21
C. Is this facility which currently results in **discharges** to **waters of the U.S.** other than those described in A or B above? (FORM 2C)	☒ 22	☐ 23	☒ 24	D. Is this proposal facility *(other than those described in A or B above)* which will result in a **discharge** to **waters of the U.S.?** (FORM 2D)	☐ 25	☒ 26	☐ 27
E. Does or will this facility treat, store, or dispose of **hazardous wastes?** (FORM 3)	☐ 28	☒ 29	☐ 30	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	☐ 31	☒ 32	☐ 33
G. Do you or will you inject at this facility any produced water other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)	☐ 34	☒ 35	☐ 36	H. Do you or will you inject at this facility fluids for special processes such as mining of sulfer by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	☐ 37	☒ 38	☐ 39
I. Is this facility a proposed **stationary source** which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment area?** (FORM 5)	☐ 40	☒ 41	☐ 42	J. Is this facility a proposed **stationary source** which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an **attainment are?** (FORM 5)	☐ 43	☒ 44	☐ 45

III. NAME OF FACILITY

C	SKIP	
1		*Ronile, Inc.*
15	16-29	30 — 69

IV. FACILITY CONTACT

A. NAME & TITLE *(last, first, & title)*	B. PHONE *(area code & no.)*		
C 2 *R. Lane Leonard, General Manager*	*540*	*484*	*4698*
15 — 16 — 45	46 — 48	49 — 51	52 — 55

V. FACILITY MAILING ADDRESS

A. STREET OR P.O. BOX			
C 3 *P.O. Box 1059*			
15 — 16 — 45			
B. CITY OR TOWN	**C. STATE**	**D. ZIP CODE**	
C 4 *Rocky Mount*	*VA*	*24151*	
15 — 16 — 40	41 — 42	47 — 51	

VI. FACILITY LOCATION

A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER				
C 5 *701 Orchard Avenue*				
15 — 16 — 45				
B. COUNTY NAME				
Franklin				
46 — 70				
C. CITY OR TOWN	**D. STATE**	**E. ZIP CODE**	**F. COUNTY CODE**	
C 6 *Rocky Mount*	*VA*	*24151*		
15 — 16 — 40	41 — 42	47 — 51	52 — 54	

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VII. SIC CODES *(4-digit, in order of priority)*

A. FIRST		B. SECOND	
2269	(specify) Textile Mills Products		(specify)
C. THIRD		**D. FOURTH**	
	(specify)		(specify)

VIII. OPERATOR INFORMATION

A. NAME	B. Is the name listed in Item VIII-A also the owner?
Ronile, Inc	☒ YES ☐ NO

C. STATUS OF OPERATOR *(Enter the appropriate letter into the answer box; if "Other," specify.)*			D. PHONE *(area code & no.)*
F = FEDERAL S = STATE P = PRIVATE	M = PUBLIC *(other than federal or state)* O = OTHER *(specify)*	P (specify)	540 483 0261

E. STREET OR PO BOX			
P.O. Box 1059			
F. CITY OR TOWN	**G. STATE**	**H. ZIP CODE**	**IX. INDIAN LAND**
Rocky Mount	VA	24151	Is the facility located on Indian lands? ☐ YES ☒ NO

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES *(Discharges to Surface Water)*	D. PSD *(Air Emissions from Proposed Sources)*	
VA0076015	P	
B. UIC *(Underground Injection of Fluids*	**E. OTHER *(specify)***	*(Specify)*
U		
C. RCRA *(Hazardous Wastes)*	**E. OTHER *(specify)***	*(Specify)*
R		

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS *(provide a brief description)*

The manufacturing facility is a dyer and finisher of natural and synthetic fibers. The yarn is creeled and run through a heat setter for bulking. Then the yarn goes through a dye process where a mixture of dye and dye setting chemical are added. Excess water, chemicals, and dye are collected and piped out to the wastewater treatment facility. The yarn is steamed to set the dye and is then washed to remove excess dye. The yarn is run through Pad Rollers and a dryer to remove excess water prior to packaging for shipment to the customer. Excess water or condensate is collected and piped to the treatment facility. In the Rug Dye area, dyes and chemicals are mixed with water and pumped into Rug Dye Machines. After rinsing and drying, the water is extracted and piped to a lint removal system, then to the wastewater treatment facility.

XIII. CERTIFICATION *(see instructions)*

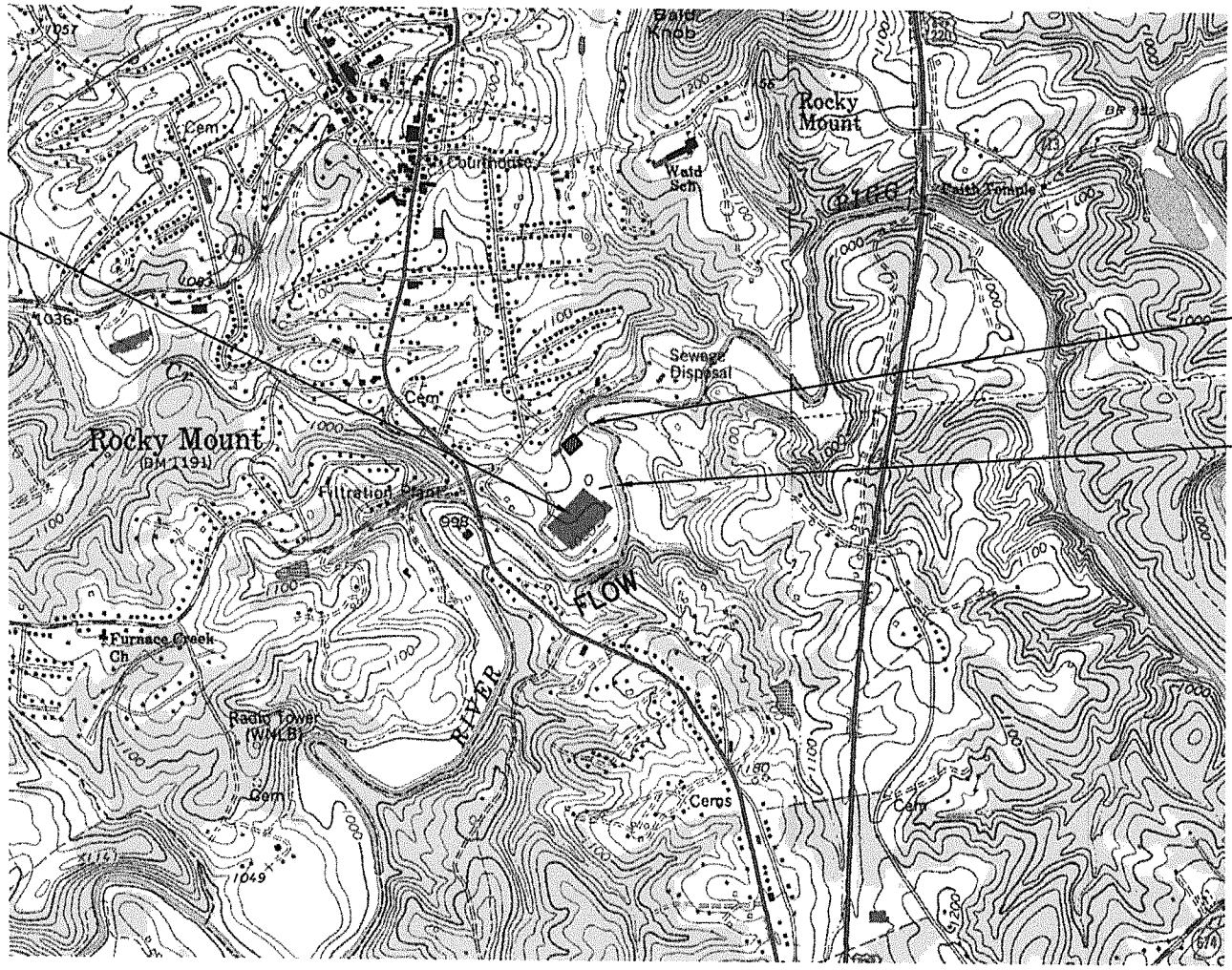
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE *(type or print)*	B. SIGNATURE	C. DATE SIGNED
R. Lane Leonard, General Manager	R. Lane Leonard	3/21/2013

COMMENTS FOR OFFICIAL USE ONLY

C

RONILE INC.
LAT. 36° 98' 44"
LONG. 79° 88' 31"



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1 0 1 MILE

1000 0 1000 2000 3000 4000 5000 6000 7000 FEET

1 .5 0 1 KILOMETER

CONTOUR INTERVAL 20 FEET
NATIONAL GEODETIC VERTICAL DATUM OF 1929

N

AECOM

Title:	LOCATION MAP
Site:	RONILE, INC., ROCKY MOUNT, VA
Client:	RONILE, INC.
Comm. No:	60280437
Modified by:	DWG Date: MARCH 2013

Please type or print in the unshaded areas only

EPA ID Number *(Copy from Item 1 of Form 1)*
VAD121824023

Form Approved
OMB No. 2040-0086
Approval expires 8-31-98

Form **2C** NPDES

U.S. ENVIRONMENTAL PROTECTION AGENCY
APPLICATION FOR PERMIT TO DISCHARGE WASTEWATER
EXISTING MANUFACTURING, COMMERCIAL, MINING AND SILVICULTURAL OPERATIONS
Consolidated Permits Program

I. Outfall Location

For this outfall, list the latitude and longitude, (degrees, min.xxxx) and name of the receiving water(s)

Outfall Number *(list)*	Latitude		Longitude		Receiving Water *(name)*
	Deg	Min	Deg	Min	
001	***36***	***59.0833***	***79***	***52.9333***	***Pigg River***

II. Flows, Sources of Pollution, and Treatment Technologies

A. Attach a line drawing showing the water flow through the facility. Indicate sources of intake water, operations contributing wastewater to the effluent, and treatment units labeled to correspond to the more detailed description in Item B. Construct a water balance on the line drawing by showing average flows between intakes, operations, treatment units, and outfalls. If a water balance cannot be determined (*e.g., for certain mining activities*), provide a pictoral description of the nature and amount of any sources of water and any collection or treatment measures.

B. For each outfall, provide a description of (1) All operations contributing wastewater to the effluent, including process wastewater, sanitary wastewater, cooling water, and storm water runoff; (2) The average flow contributed by each operation; and (3) The treatment received by the wastewater. Continue on additional sheets if necessary.

1. Outfall No. (list)	2. Operations Contributing Flow		3. Treatment		
	a. OPERATION *(list)*	b. AVERAGE FLOW *(include units)*	a. DESCRIPTION	b. LIST CODES FROM TABLE 2C-1	
001	***Dyeing and Finishing of Natural and Synthetic Fibers***	***0.098600 MGD***	***4 Million Gal. Aerated Lagoon; 101,830 GPD; ~39 Day Retention Time***	***3-B***	
			1 Million Gal. Activated Sludge Lagoon; 98,600 GPD; ~10 Day Retention Time	***3-A***	
			Coagulation: 252,194 GPD	***2-D***	
			Flocculation: 252,194 GPD	***1-G***	
			84,420 Gal. Sedimentation Basin; 252,194 GPD; ~8 Hour Retention Time	***1-U***	
			Multimedia Filtration (optional)	***1-Q***	
			-Waste-		
			84,420 Gal. Aerated Sludge Holding	***XX***	

			J-Filter Press	*5-R*	
			Drying Beds (optional)	*5-H*	
			Landfill	*5-Q*	

CONTINUED FROM THE FRONT

C. Except for storm runoff, leaks, or spills, are any of the discharges described in Items II-A or B intermittent or seasonal?

☐ YES *(complete the following table)* ☒ NO *(go to Section III)*

1 OUTFALL NUMBER (list)	2. OPERATION(s) CONTRIBUTING FLOW (list)	3 FREQUENCY a DAYS PER WEEK (specify average)	3 FREQUENCY b MONTHS PER YEAR (specify average)	4 FLOW a FLOW RATE (in mgd) 1 LONG TERM AVERAGE	4 FLOW a FLOW RATE (in mgd) 2 MAXIMUM DAILY	4 FLOW b TOTAL VOLUME (specify with units) 1 LONG TERM AVERAGE	4 FLOW b TOTAL VOLUME (specify with units) 2 MAXIMUM DAILY	c DURATION (in days)

III. PRODUCTION

A. Does an effluent guideline limitation promulgated by EPA under Section 304 of the Clean Water Act apply to your facility?

☒ YES *(complete Item III-B)* ☐ NO *(go to Section IV)*

B Are the limitations in the applicable effluent guideline expressed in terms of production *(or other measure of operation)*?

☒ YES *(complete Item III-C)* ☐ NO *(go to Section IV)*

C If you answered "yes" to Item III-B list the quantity which represents an actual measurement of your level of production, expressed in the terms and units used in the applicable effluent guideline, and indicate the affected outfalls.

1. AVERAGE DAILY PRODUCTION a QUANTITY PER DAY	b UNITS OF MEASURE	c OPERATION, PRODUCT, MATERIAL ETC. (specify)	2. AFFECTED OUTFALLS (list outfall numbers)
~~16.0~~ 16.2	kkg	Fiber Dyeing	001
~~0.98~~ 0	kkg	Rug Dyeing	001

IV. IMPROVEMENTS

A Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading, or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

☐ YES *(complete the following table)* ☒ NO *(go to Item IV-B)*

1. IDENTIFICATION OF CONDITION, AGREEMENT, ETC.	2. AFFECTED OUTFALLS a. No	2. AFFECTED OUTFALLS b. SOURCE OF DISCHARGE	3 BRIEF DESCRIPTION OF PROJECT	4. FINAL COMPLIANCE DATE a REQUIRED	4. FINAL COMPLIANCE DATE b PROJECTED

B OPTIONAL You may attach additional sheets describing any additional water pollution control programs *(or other environmental projects which may affect your discharges)* you now have underway or which you plan. Indicate whether each program is now underway or planned, and indicate your actual or planned schedules for construction.

☐ MARK "X" IF DESCRIPTION OF ADDITIONAL CONTROL PROGRAM IS ATTACHED

R [signature] General Manager
5/1/2013

CONTINUED FROM PAGE 2

V. INTAKE AND EFFLUENT CHARACTERISTICS

A, B, & C: See instructions before proceeding - Complete one set of tables or each outfall - Annotate the outfall number in the space provided. **NOTE:** Tables V-A, V-B, and V-C are included on separate sheets number V-1 through V-9.

D: Use the space below t list any of the pollutants listed in Tables 2c-3 of the instructions, which you know or have reason to believe is discharged or may be discharged from any outfall. For every pollutant you list, briefly describe the reasons you believe it to be present and report any analytical data in your possession.

1. POLLUTANT	2. SOURCE	1. POLLUTANT	2. SOURCE
None			

VI. POTENTIAL DISCHARGES NOT COVERED BY ANALYSIS

Is any pollutant listed in Item V-C a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ **YES** *(list all such pollutants below)* ☒ **NO** *(go to Item VI-B)*

CONTINUED FROM THE FRONT

VII. BIOLOGICAL TOXICITY TESTING DATA

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☒ **YES** *(identify the test(s) and describe their purpose below)* ☐ **NO** *(go to Section VIII)*

Acute Test: 48-hour static acute Ceriodaphina Dubia test conducted in such a manner and a sufficient dilutions for calculation of a valid median lethal concentration (LC50) and acute toxicity (TUa). The results of this testing indicate that the effluent was not acutely toxic to the test organisms, with the exception of test results reported on October 5, 2012. In a letter dated September 9, 2012, Ronile reported the permit violation for the July-September testing period and the cause of the violation was believed to be due to a process change (addition of Selfloc 2012) for increased zinc removal for permit compliance. Dosing rates for Selfloc 2012 were reduced after the violation and test results for the October-December testing period showed no acute toxicity. Sefloc 2012 is no longer in use at the facility. Reports are dated November 8, 2011, February 27, 2012, July 5, 2012, October 5, and December 14, 2012.

Chronic Test: Static renewal test using Ceriodaphina Dubia. Testing consisted of a 3-brood chronic static renewal Ceriodaphina Dubia test using 24-hour composite effluent samples. The results of this testing indicate that the effluent showed no toxicity effects on the test organism survival. However, toxicity effects on reproduction were observed at effluent test concentrations greater than the effluent toxicity compliance limit of 5%. Reports are dated November 8, 2011 and January 2, 2013.

VIII. CONTRACT ANALYSIS INFORMATION

Were any of the analyses reported in Item V performed by a contract laboratory or consulting firm?

☒ **YES** *(list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)* ☐ **NO** *(go to Section IX)*

A. NAME	B. ADDRESS	C. TELEPHONE *(area code & no.)*	D. POLLUTANTS ANALYZED *(list)*
Pace Analytical	***205 East Medow Road, Suite A, Eden, NC, 27288***	***(336) 623-8921***	***All testing except for analyses performed by CHA Companies, Inc. and REIC Laboratories, Inc.***
CHA Companies Inc.	***1116 South Main Street, Blacksburg, VA 24060***	***(540) 552-5548***	***-Media Lethal Concentration (LC50) -Acute Toxicity (TUa=100/LC50) -No Observed Effect Concentration (NOEC) -Chronic Toxcity (TUc=100/NOEC)***
REIC Laboratories, Inc.	***3029-C Peters Creek Road, Roanoke, VA 24019***	***(540) 777-1276***	***Sulfite***

IX. CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. NAME & OFFICIAL TITLE *(type or print)*	B. PHONE NO. *(area code & no.)*
R. Lane Leonard, General Manager	***(540) 484-4698***
C. SIGNATURE R Lane Leonard	D. DATE SIGNED 3/21/2013

PLEASE PRINT OR TYPE IN THE UNSHADED AREAS ONLY. You may report some or all of this information on separate sheets *(use the same format)* instead of completing these pages. SEE INSTRUCTIONS.

EPA I.D. NUMBER *(copy from Item 1 of Form 1)*
VAD121824023

V. INTAKE AND EFFLUENT CHARACTERISTICS *(continued from page 3 of Form 2-C)*

PART A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

1. POLLUTANT	2. EFFLUENT							3. UNITS *(specify if blank)*		4. INTAKE *(optional)*		
	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE *(if available)*		c. LONG TERM AVRG. VALUE *(if available)*		d. NO. OF ANALYSIS	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Biochemical Oxygen Demand *(BOD)*	***12.7***	***10.2***	***8.23***	***4.27***	***4.1***	***1.53***	***43***	***mg/L***	***Kg***			
b. Chemical Oxygen Demand *(COD)*	***220***	***176***	***220***	***114***	***95.7***	***35.7***	***12***	***mg/L***	***Kg***			
c. Total Organic Carbon *(TOC)*	***70.4***	***56.5***					***1***	***mg/L***	***Kg***			
d. Total Suspended Solids *(TSS)*	***54***	***43.3***	***21.0***	***10.9***	***3.36***	***1.25***	***43***	***mg/L***	***Kg***			
e. Ammonia *(as N)*	***1.3***	***1.0***					***1***	***mg/L***	***Kg***			
f. Flow	Value ***0.212***		Value ***0.137***		Value ***0.0986***		***239***	***MGD***		Value		
g. Temperature *(winter)*	Value ***20***		Value ***16.2***		Value ***12***		***120***	°C		Value		
h. Temperature *(summer)*	Value ***28***		Value ***25.9***		Value ***22.8***		***100***	°C		Value		
i. pH	Minimum ***7.56***	Maximum ***8.61***	Minimum ***7.18***	Maximum ***7.48***			***478***	STANDARD UNITS				

PART B - Mark "X" in column 2-a for each pollutant you know or have reason to believe is present. Mark "X" in column 2-b for each pollutant you believe to be absent. If you mark column 2a for any pollutant which is limited either directly, or indirectly but expressly, in an effluent limitation guideline, you must provide the results of at least one analysis for that pollutant. For other pollutants for which you mark column 2a, you must provide quantitative data or an explanation of their presence in your discharge. Complete one table for each outfall. See the instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X'		3. EFFLUENT							4. UNITS *(specify if blank)*		5. INTAKE *(optional)*		
	a. BELIEVED PRESENT	B. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE *(if available)*		c. LONG TERM AVRG. VALUE *(if available)*		d. NO. OF ANALYSIS	a. CONCEN-TRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
a. Bromide (24959-67-9)	☒	☐	***1.84***	***1.48***					***1***	***mg/L***	***Kg***			
b. Chlorine, Total Residual	☐	☒	***NA***											
c. Color	☒	☐	***835***	***NA***	***398***	***NA***	***162***	***NA***	***43***	***ADMI***	***NA***			
d. Fecal Coliform	☐	☒	***NA***											
e. Fluoride (16984-48-8)	☒	☐	***<0.5***	***<0.4***					***1***	***mg/L***	***Kg***			
f. Nitrate-Nitrite *(as N)*	☒	☐	***1.7***	***1.36***					***2***	***mg/L***	***Kg***			

ITEM V-B CONTINUED FROM FRONT

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X'		3. EFFLUENT							4. UNITS *(specify if blank)*		5. INTAKE *(optional)*		
	a. BELIEVED PRESENT	b. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE *(if available)*		c. LONG TERM AVRG. VALUE *(if available)*		d. NO. OF ANALYSIS	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
			(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
g. Nitrogen, Total Organic *(as N)*	☒	☐	*37.4*	*30.0*					*1*	*mg/L*	*Kg*			
h. Oil and Grease	☐	☒	*<5*	*<4.0*	*<5*	*<2.6*	*<5*	*<1.9*	*12*	*mg/L*	*Kg*			
i. Phosphorus *(as P)*, Total (7723-14-0)	☒	☐	*2.8*	*2.25*					*1*	*mg/L*	*Kg*			
j. Radioactivity														
(1) Alpha, Total	☐	☒	*6.05*	*4.86E-6*					*1*	*pCi/L*	*Ci*			
(2) Bets, Total	☒	☐	*9.56*	*7.67E-6*					*1*	*pCi/L*	*Ci*			
(3) Radium, Total	☐	☒	*0.109*	*8.75E-8*					*1*	*pCi/L*	*Ci*			
(4) Radium 226, Total	☐	☒	*NA*											
k. Sulfate *(as SO_4) (14808-79-8)*	☒	☐	*187*	*150*					*1*	*mg/L*	*Kg*			
l. Sulfide (as S)	☒	☐	*<1*	*<0.80*	*<1*	*<0.52*	*<1*	*<0.37*	*43*	*mg/L*	*Kg*			
m. Sulfite *(as SO_3)(14265-45-3)*	☐	☒	*<2.0*	*<1.60*					*1*	*mg/L*	*Kg*			
n. Surfactants	☒	☐	*<0.4*	*<0.32*					*1*	*mg/L*	*Kg*			
o. Aluminum, Total (7429-90-5)	☐	☒	*<0.1*	*<0.080*					*1*	*mg/L*	*Kg*			
p. Barium, Total (7440-39-3)	☒	☐	*0.0096*	*0.008*					*1*	*mg/L*	*Kg*			
q. Boron, Total (7440-42-8)	☒	☐	*0.33*	*0.26*					*1*	*mg/L*	*Kg*			
r. Cobalt, Total (7440-48-4)	☒	☐	*0.105*	*0.084*					*1*	*mg/L*	*Kg*			
s. Iron, Total (7439-89-4)	☒	☐	*<0.05*	*<0.04*					*1*	*mg/L*	*Kg*			
t. Magnesium, Total (7439-95-4)	☒	☐	*5.18*	*4.15*					*1*	*mg/L*	*Kg*			
u. Molybdenum, Total (7439-98-7)	☒	☐	*0.017*	*0.030*					*1*	*mg/L*	*Kg*			
v. Manganese, Total (7439-96-5)	☒	☐	*0.142*	*0.114*					*1*	*mg/L*	*Kg*			
w. Tin, Total (7440-31-5)	☐	☒	*<0.005*	*<0.004*					*1*	*mg/L*	*Kg*			
x. Titanium, Total (7440-32-6)	☐	☒	*<0.005*	*<0.004*					*1*	*mg/L*	*Kg*			

CONTINUE ON PAGE V-3

CONTINUED FROM PAGE 3 OF FORM 2-C

EPA I.D. NUMBER *(copy from Item 1 of Form 1)*	OUTFALL NUMBER
VAD121824023	*001*

PART C - If you are a primary industry and this outfall contains process wastewater, refer to Table 2c-2 in the instructions to determine which of the GC/MS fractions you must test for. Mark "X" in column 2-a for all such GC/MS fractions that apply to your industry and for ALL toxic metals, cyanides, and total phenols. If you are not required to mark column 2-a *(secondary industries, nonprocess wastewater outfalls, and non-required GC/MS fractions)*, mark "X" in column 2-b for each pollutant you know or have reason to believe is present. Mark "X" in column 2-c for each pollutant you believe is absent. If you mark column 2a for any pollutant, you must provide the results of at least one analysis for that pollutant. If you mark column 2b for any pollutant, you must provide the results of at least one analysis for that pollutant. If you know or have reason to believe it will be discharged in concentrations of 10 ppb or greater. If you mark column 2b for acrolein, acrylonitrile, 2,4 dinitrophenol, or 2-methyl-4, 6 dinitrophenol, you must provide the results of at least one analysis for each of these pollutants which you know or have reason to believe that you discharge in concentrations of 100 ppb or greater. Otherwise, for pollutants for which you mark column 2b, you must either submit at least one analysis or briefly describe the reasons the pollutant is expected to be discharged. Note that there are 7 pages to this part; please review each carefully. Complete one table *(all 7 pages)* for each outfall. See instructions for additional details and requirements.

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X'			3. EFFLUENT							4. UNITS *(specify if blank)*		5. INTAKE *(optional)*		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE *(if available)*		c. LONG TERM AVRG. VALUE *(if available)*		d. NO. OF ANALYSIS			a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		a. CONCENTRATION	b. MASS	(1) CONCENTRATION	(2) MASS	
METALS, CYANIDE, AND TOTAL PHENOLS															
1m. Antimony, Total (7440-36-0)	☒	☐	☐	*<0.005*	*<0.004*					*1*	*mg/L*	*Kg*			
2M. Arsenic, Total (7440-38-2)	☒	☐	☐	*<0.01*	*<0.008*					*1*	*mg/L*	*Kg*			
3M. Beryllium, Total (7440-41-7)	☒	☐	☐	*<0.001*	*<0.0008*					*1*	*mg/L*	*Kg*			
4M. Cadmium, Total (7440-43-9)	☒	☐	☐	*<0.001*	*<0.0008*					*1*	*mg/L*	*Kg*			
5M Chromium, Total (7440-47-3)	☒	☐	☐	*0.028*	*0.022*	*0.028*	*0.0145*	*0.015*	*0.006*	*12*	*mg/L*	*Kg*			
6M Copper, Total (7440-50-8)	☒	☐	☐	*0.0056*	*0.0045*	*0.0056*	*0.003*	*0.0005*	*0.0002*	*12*	*mg/L*	*Kg*			
7M lead, Total (7439-92-1)	☒	☐	☐	*<0.005*	*<0.004*					*1*	*mg/L*	*Kg*			
8M Mercury, Total (7439-97-6)	☒	☐	☐	*<0.2*	*<0.00016*					*1*	*µg/L*	*Kg*			
9M Nickel, Total (7440-02-0)	☒	☐	☐	*<0.005*	*<0.004*					*1*	*mg/L*	*Kg*			
10M Selenium, Total (7782-49-2)	☒	☐	☐	*<0.01*	*<0.008*					*1*	*mg/L*	*Kg*			
11M Silver, Total (7440-22-4)	☒	☐	☐	*<0.005*	*<0.004*					*1*	*mg/L*	*Kg*			
12M Thallium, Total (7440-28-0)	☒	☐	☐	*<0.01*	*<0.008*					*1*	*mg/L*	*Kg*			
13M Zinc, Total (7440-66-6)	☒	☐	☐	*0.23*	*0.184*	*0.23*	*0.119*	*0.174*	*0.065*	*4*	*mg/L*	*Kg*			
14M Cyanide, Total (57-12-5)	☒	☐	☐	*<0.005*	*<0.004*					*1*	*mg/L*	*Kg*			
15M Phenols, Total	☒	☐	☐	*0.14*	*0.11*	*0.113*	*0.059*	*0.031*	*0.012*	*36*	*mg/L*	*Kg*			
DIOXIN															
2,3,7,8-Tetrachlorodibenzo-P-Dioxin (1764--01-6)	☐	☐	☒	DESCRIBE RESULTS											

CONTINUED FROM THE FRONT

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X'			3. EFFLUENT							4. UNITS *(specify if blank)*		5. INTAKE *(optional)*		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE *(if available)*		c. LONG TERM AVRG. VALUE *(if available)*		d. NO. OF ANALYSIS	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS - VOLATILE COMPOUNDS															
1V. Acrolein (107-02-8)	☒	☐	☐	*<20.0*	*<0.016*					*1*	*µg/L*	*Kg*			
2V. Acrylonitrille (107-13-1)	☒	☐	☐	*<10.0*	*<0.008*					*1*	*µg/L*	*Kg*			
3V. Benzene (71-43-2)	☒	☐	☐	*<1.0*	*<0.0008*					*1*	*µg/L*	*Kg*			
4V. Bis (Chloromethyl) Ether (542-88-1)	☒	☐	☐	*<10.0*	*<0.008*					*1*	*µg/L*	*Kg*			
5V. Bromoform (75-25-2)	☒	☐	☐	*<1.0*	*<0.0008*					*1*	*µg/L*	*Kg*			
6V. Carbon Tetrachloride (56-23-5)	☒	☐	☐	*<1.0*	*<0.0008*					*1*	*µg/L*	*Kg*			
7V. Chlorobenzene (108-90-7)	☒	☐	☐	*<1.0*	*<0.0008*					*1*	*µg/L*	*Kg*			
8V. Chlorodibromomethane (124-48-1)	☒	☐	☐	*<0.5*	*<0.0004*					*1*	*µg/L*	*Kg*			
9V. Chloroethane (75-00-3)	☒	☐	☐	*<1.0*	*<0.0008*					*1*	*µg/L*	*Kg*			
10V. 2-Chloroethylvinyl Ether (110-75-8)	☒	☐	☐	*<1.0*	*<0.0008*					*1*	*µg/L*	*Kg*			
11V. Chloroform (67-66-3)	☒	☐	☐	*<1.0*	*<0.0008*					*1*	*µg/L*	*Kg*			
12V. Dichlorobromoethane (75-27-4)	☒	☐	☐	*<1000*	*<0.80*					*1*	*µg/L*	*Kg*			
13V. Dichlorodifluoromethane (75-71-8)	☐	☐	☐	*NA*											
14V. 1,1-Dichloroethane (75-27-3)	☒	☐	☐	*<1.0*	*<0.0008*					*1*	*µg/L*	*Kg*			
15V. 1,2-Dichloroethane (107-06-2)	☒	☐	☐	*<1.0*	*<0.0008*					*1*	*µg/L*	*Kg*			
16V. 1,1-Dichloroethylene (7535-4)	☒	☐	☐	*<1.0*	*<0.0008*					*1*	*µg/L*	*Kg*			
17V. 1,2-Dichloropropane (78-87-5)	☒	☐	☐	*<1.0*	*<0.0008*					*1*	*µg/L*	*Kg*			
18V. 1,3-Dichloropropylene (542-75-6)	☒	☐	☐	*<0.5*	*<0.0004*					*1*	*µg/L*	*Kg*			
19V. Ethylbenzene (100-41-4)	☒	☐	☐	*3.0*	*0.0024*					*1*	*µg/L*	*Kg*			
20V. Methyl Bromide (74-83-9)	☒	☐	☐	*<1.0*	*<0.0008*					*1*	*µg/L*	*Kg*			
21V. Methyl Chloride (74-87-3)	☒	☐	☐	*<1.0*	*<0.0008*					*1*	*µg/L*	*Kg*			

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EPA I.D. NUMBER *(copy from Item 1 of Form 1)*: VAD121824023

OUTFALL NUMBER: 001

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X'			3. EFFLUENT							4. UNITS *(specify if blank)*		5. INTAKE *(optional)*		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE *(if available)*		c. LONG TERM AVRG. VALUE *(if available)*		d. NO. OF ANALYSIS	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS - VOLATILE COMPOUNDS *(continued)*															
22 V. Methylene Chloride (75-09-2)	☒	☐	☐	<5.0	<0.004					1	µg/L	Kg			
23V. 1,1,2,2-Tetra-Chloroethane (79-34-5)	☒	☐	☐	<1000	<0.8					1	µg/L	Kg			
24V. Tetrachloro-ethylene (127-18-4)	☒	☐	☐	<1.0	<0.0008					1	µg/L	Kg			
25V. Toluene (108-88-3)	☒	☐	☐	<1.0	<0.0008					1	µg/L	Kg			
26V. 1,2-Trans-Dichloroethylene (156-60-5)	☒	☐	☐	<1.0	<0.0008					1	µg/L	Kg			
27V. 1,1,1-Tri-chloroethane (71-55-6)	☒	☐	☐	<1.0	<0.0008					1	µg/L	Kg			
28V. 1,1,2-Tri-chloroethane (79-00-5)	☒	☐	☐	<1.0	<0.0008					1	µg/L	Kg			
29V. Trichloro-ethylene (79-01-6)	☒	☐	☐	<1.0	<0.0008					1	µg/L	Kg			
30V. Trichloro-fluoromethane (75-69-4)	☒	☐	☐	<1.0	<0.0008					1	µg/L	Kg			
31V. Vinyl Chloride (75-01-4)	☒	☐	☐	<1.0	<0.0008					1	µg/L	Kg			
GC/MS FRACTION - ACID COMPOUNDS															
1A. 2-Chlorophenol (95-57-8)	☒	☐	☐	<5.0	<0.004					1	µg/L	Kg			
2A. 2,4-Dichloro-phenol (120-83-2)	☒	☐	☐	<5.0	<0.004					1	µg/L	Kg			
3A. 2,4-Dimethyl-phenol (105-67-9)	☒	☐	☐	<10.0	<0.008					1	µg/L	Kg			
4A. 4,6-Dinitro-O-cresol (534-52-1)	☒	☐	☐	NA											
5A. 2,4-Dinitro-phenol (51-28-5)	☒	☐	☐	<50.0	<0.40					1	µg/L	Kg			
6A. 2-Nitro-phenol (88-75-5)	☒	☐	☐	<5.0	<0.004					1	µg/L	Kg			
7A. 4-Ntro-phenol (100-02-7)	☒	☐	☐	<50.0	<0.40					1	µg/L	Kg			
8A. P-Chloro-M-Cresol (59-50-7)	☒	☐	☐	NA											
9A. Penta-chlorophenol (87-86-5)	☒	☐	☐	<25.0	<0.020					1	µg/L	Kg			
10A. Phenol (108-95-2)	☒	☐	☐	0.14	0.11	0.113	0.059	0.031	0.012	36	mg/L	Kg			
11A. 2,4,6-Tri-chlorophenol (88-06-2)	☒	☐	☐	<10.0	<0.008					1	µg/L	Kg			

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1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X'			3. EFFLUENT							4. UNITS *(specify if blank)*		5. INTAKE *(optional)*		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE *(if available)*		c. LONG TERM AVRG. VALUE *(if available)*		d. NO. OF ANALYSIS	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS															
1B. Acenphthene (83-32-9)	☒	☐	☐	<5.0	<0.004					1	µg/L	Kg			
2B. Acenaphtylene (208-96-8)	☒	☐	☐	<5.0	<0.004					1	µg/L	Kg			
3B. Anthracene (120-12-7)	☒	☐	☐	<5.0	<0.004					1	µg/L	Kg			
4B. Benzidine (92-87-5)	☒	☐	☐	<50	<0.04					1	µg/L	Kg			
5B. Benzo (a) Anthracene (56-55-3)	☒	☐	☐	<5.0	<0.004					1	µg/L	Kg			
6B. Benzo (a) Pyrene (50-32-8)	☒	☐	☐	<5.0	<0.004					1	µg/L	Kg			
7B. 3,4-Benzo-fluoranthene (205-99-2)	☒	☐	☐	<5.0	<0.004					1	µg/L	Kg			
8B. Benzo (ghi) Perylene (191-24-2)	☒	☐	☐	<5.0	<0.004					1	µg/L	Kg			
9B. Benzo (k) Fluoranthene (207-08-9)	☒	☐	☐	<5.0	<0.004					1	µg/L	Kg			
10B. Bis (2-Chloroethoxy) Methane (111-91-1)	☒	☐	☐	<10.0	<0.008					1	µg/L	Kg			
11B. Bis (2-Chloro-ethyl) Ether (111-44-4)	☒	☐	☐	<5.0	<0.004					1	µg/L	Kg			
12B. Bis (2-Chloroisopropyl) Ether (108-60-1	☒	☐	☐	<5.0	<0.004					1	µg/L	Kg			
13B. Bis(2-Ethyl-hexyl) Phthalate (117-81-7)	☒	☐	☐	6.6	0.0053					1	µg/L	Kg			
14 B. 4-Bromo-phenyl Phenyl Ether (101-55-3)	☒	☐	☐	<5.0	<0.004					1	µg/L	Kg			
15B Butyl Benzyl Phthalate (85-68-7)	☒	☐	☐	<5.0	<0.004					1	µg/L	Kg			
16B. 2-Chloro-naphthalene (91-58-7)	☒	☐	☐	<5.0	<0.004					1	µg/L	Kg			
17B. 4-Chloro-phenyl Phenyl Ether (7005-72-3)	☒	☐	☐	<5.0	<0.004					1	µg/L	Kg			
18B. Chrysene (218-01-9)	☒	☐	☐	<5.0	<0.004					1	µg/L	Kg			
19B. Dibenzo (a.h) Anthracene (53-70-3)	☒	☐	☐	<5.0	<0.004					1	µg/L	Kg			
20B. 1,2-Dichloro-benzene (95-50-1)	☒	☐	☐	<5.0	<0.004					1	µg/L	Kg			
21B. 1,3-Dichloro-benzene (541-73-1)	☒	☐	☐	<5.0	<0.004					1	µg/L	Kg			

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EPA I.D. NUMBER *(copy from Item 1 of Form 1)*: VAD121824023

OUTFALL NUMBER: 001

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X'			3. EFFLUENT							4 *if blank)*		5. INTAKE *(optional)*		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE *(if available)*		c. LONG TERM AVRG. VALUE *(if available)*		d. NO. OF ANALYSIS	a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS - BASE/NEUTRAL COMPOUNDS *(continued)*															
22B. 1,4-Dichlorobenzene (106-46-7)	☒	☐	☐	<5.0	<0.004					1	µg/L	Kg			
23B. 3,3'-Dichlorobenzidine (91-94-1)	☒	☐	☐	<25.0	<0.02					1	µg/L	Kg			
24B. Diethyl Phthalate (84-66-2)	☒	☐	☐	<5.0	<0.004					1	µg/L	Kg			
25B. Dimethyl Phthalate (131-11-3)	☒	☐	☐	<5.0	<0.004					1	µg/L	Kg			
26B. Di-N-Butyl Phthalate (84-74-2)	☒	☐	☐	<5.0	<0.004					1	µg/L	Kg			
27B. 2,4-Dinitrotoluene (121-14-2)	☒	☐	☐	<5.0	<0.004					1	µg/L	Kg			
28B. 2,6-Dinitrotoluene (606-20-2)	☒	☐	☐	<5.0	<0.004					1	µg/L	Kg			
29B. Di-N-Octyl Phthalate (117-84-0)	☒	☐	☐	<5.0	<0.004					1	µg/L	Kg			
30B. 1,2-Diphenylhydrazine (as Azobenzene) (122-66-7)	☒	☐	☐	<5.0	<0.004					1	µg/L	Kg			
31B. Fluoranthene (206-44-0)	☒	☐	☐	<5.0	<0.004					1	µg/L	Kg			
32B. Fluorene (86-73-7)	☒	☐	☐	<5.0	<0.004					1	µg/L	Kg			
33B. Hexachlorobenzene (118-74-1)	☒	☐	☐	<5.0	<0.004					1	µg/L	Kg			
34B. Hexachlorobutadiene (87-68-3)	☒	☐	☐	<5.0	<0.004					1	µg/L	Kg			
35B. Hexachlorocyclopentadiene (77-47-4)	☒	☐	☐	<10.0	<0.008					1	µg/L	Kg			
36B. Hexachloroethane (67-72-1)	☒	☐	☐	<5.0	<0.004					1	µg/L	Kg			
37B. Indeno (1,2,3-cd) Pyrene (193-39-5)	☒	☐	☐	<5.0	<0.004					1	µg/L	Kg			
38B. Isophorone (78-59-1)	☒	☐	☐	<10.0	<0.008					1	µg/L	Kg			
39B. Napthalene (91-20-3)	☒	☐	☐	<5.0	<0.004					1	µg/L	Kg			
40B. Nitrobenzene (98-95-3)	☒	☐	☐	<5.0	<0.004					1	µg/L	Kg			
41B. N-Nitrosodimethylamine (62-75-9)	☒	☐	☐	<5.0	<0.004					1	µg/L	Kg			
42B. N-Nitrosdi-N-Propylamine (621-64-7)	☒	☐	☐	<5.0	<0.004					1	µg/L	Kg			

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1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X'			2. EFFLUENT						d. NO. OF ANALYSIS	3. UNITS *(specify if blank)*		4. INTAKE *(optional)*		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE (if available)			a. CONCENTRATION	b. MASS	a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS				(1) CONCENTRATION	(2) MASS	
GC/MS FRACTION - BASE/NEUTRAL COMPOUNDS *(continued)*															
43B. N-Nitrosodiphenylamine (86-30-6)	☒	☐	☐	*<10.0*	*<0.008*					*1*	*µg/L*	*Kg*			
44B. Phenanthrene (85-01-/	☒	☐	☐	*<5.0*	*<0.004*					*1*	*µg/L*	*Kg*			
45B. Pyrene (129-00-0)	☒	☐	☐	*<5.0*	*<0.004*					*1*	*µg/L*	*Kg*			
46B. 1,2,4-Trichlorobenzene (120-82-1)	☒	☐	☐	*<5.0*	*<0.004*					*1*	*µg/L*	*Kg*			
GC/MS FRACTION - PESTICIDES															
1P. Aldrin (309-00-2)	☒	☐	☐	*<0.25*	*<0.0002*					*1*	*µg/L*	*Kg*			
2P. α-BHC (319-84-6	☒	☐	☐	*<0.25*	*<0.0002*					*1*	*µg/L*	*Kg*			
3P. β-Bhc (319-85-7)	☒	☐	☐	*<0.25*	*<0.0002*					*1*	*µg/L*	*Kg*			
4P. γ-BHC (58-89-9)	☒	☐	☐	*<0.25*	*<0.0002*					*1*	*µg/L*	*Kg*			
5P. δ-BHC (319-86-8)	☒	☐	☐	*<0.25*	*<0.0002*					*1*	*µg/L*	*Kg*			
6P. Chlordane (57-74-9)	☒	☐	☐	*<1.0*	*<0.0008*					*1*	*µg/L*	*Kg*			
7P. 4,4'-DDT (50-29-3)	☒	☐	☐	*0.28*	*0.00022*					*1*	*µg/L*	*Kg*			
8P. 4,4'-DDE (72-55-9)	☒	☐	☐	*<0.25*	*<0.0002*					*1*	*µg/L*	*Kg*			
9P. 4,4'-DDD (72-54-8)	☒	☐	☐	*<0.25*	*<0.0002*					*1*	*µg/L*	*Kg*			
10P. Dieldrin (60-57-1)	☒	☐	☐	*<0.25*	*<0.0002*					*1*	*µg/L*	*Kg*			
11P. α-Endo-sulfan (115-29-7)	☒	☐	☐	*<0.25*	*<0.0002*					*1*	*µg/L*	*Kg*			
12P. β-Endo-sulfan (115-29-7	☒	☐	☐	*<0.25*	*<0.0002*					*1*	*µg/L*	*Kg*			
13P. Endosulfan Sulfate (1031-07-8)	☒	☐	☐	*<0.25*	*<0.0002*					*1*	*µg/L*	*Kg*			
14P. Endrin (72-20-8)	☒	☐	☐	*<0.25*	*<0.0002*					*1*	*µg/L*	*Kg*			
15P. Endrin Aldehyde (7421-93-4)	☒	☐	☐	*<0.25*	*<0.0002*					*1*	*µg/L*	*Kg*			
16P. Heptachlor (76-44-8)	☒	☐	☐	*<0.25*	*<0.0002*					*1*	*µg/L*	*Kg*			

CONTINUED FROM PAGE V-6

EPA I.D. NUMBER *(copy from Item 1 of Form 1)*	OUTFALL NUMBER
VAD121824023	*001*

1. POLLUTANT AND CAS NO. *(if available)*	2. MARK 'X'			3. EFFLUENT							4. UNITS *(specify if blank)*		5. INTAKE *(optional)*		
	a. TESTING REQUIRED	b. BELIEVED PRESENT	c. BELIEVED ABSENT	a. MAXIMUM DAILY VALUE		b. MAXIMUM 30 DAY VALUE (if available)		c. LONG TERM AVRG. VALUE *(if available)*		d. NO. OF ANALYSIS			a. LONG TERM AVERAGE VALUE		b. NO. OF ANALYSES
				(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS	(1) CONCENTRATION	(2) MASS		a. CONCENTRATION	b. MASS	(1) CONCENTRATION	(2) MASS	
GC/MS - PESTICIDES *(continued)*															
17P. Heptachlor Expxide (1024-57-3)	☒	☐	☐	*<0.25*	*<0.0002*					*1*	*µg/L*	*Kg*			
18P. PCB-1242 (53469-21-9)	☒	☐	☐	*<0.50*	*<0.0004*					*1*	*µg/L*	*Kg*			
19P. PCB-1254 (11097-69-1)	☒	☐	☐	*<0.50*	*<0.0004*					*1*	*µg/L*	*Kg*			
20P. PCB-1221 (11104-28-2)	☒	☐	☐	*<0.50*	*<0.0004*					*1*	*µg/L*	*Kg*			
21P. PCB-1232 (11141-16-5)	☒	☐	☐	*<0.50*	*<0.0004*					*1*	*µg/L*	*Kg*			
22P. PCB-1248 (12672-29-6)	☒	☐	☐	*<0.50*	*<0.0004*					*1*	*µg/L*	*Kg*			
23P. PCB-1260 (11096-82-5)	☒	☐	☐	*<0.50*	*<0.0004*					*1*	*µg/L*	*Kg*			
24P. PCB-1016 (12674-11-2)	☒	☐	☐	*<0.50*	*<0.0004*					*1*	*µg/L*	*Kg*			
25P. Toxa-phene (8001-35-2)	☒	☐	☐	*<1.0*	*<0.0008*					*1*	*µg/L*	*Kg*			

Please print or type in the unshaded areas	EPA ID Number *(copy from item I of Form 1)* VAD121824023	Form Approved. OMB No. 2040-0086 Approval expires 5-31-92

Form **2F** NPDES

United States Environmental Protection Agency
Washington, DC 20460

Application for Permit to Discharge Storm Water Discharges Associated with Industrial Activity

Paperwork Reduction Act Notice

Public reporting burden for this application is estimated to average 28.6 hours per application, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate, any other aspect of this collection of information or suggestions for improving this form, including suggestions which may increase or reduce this burden to: Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M St., SW, Washington, DC 20460, or Director, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

I. Outfall Location

For each outfall, list the latitude and longitude of its location to the nearest 15 seconds and the name of the receiving water.

A. Outfall Number *(list)*	B. Latitude			C. Longitude			D. Receiving Water *(name)*
001	***36***	***59***	***11***	***79***	***52***	***59***	***Pigg River***
003	***36***	***59***	***03***	***79***	***52***	***55***	***Pigg River***

II. Improvements

A. Are you now required by any Federal, State, or local authority to meet any implementation schedule for the construction, upgrading or operation of wastewater treatment equipment or practices or any other environmental programs which may affect the discharges described in this application? This includes, but is not limited to, permit conditions, administrative or enforcement orders, enforcement compliance schedule letters, stipulations, court orders, and grant or loan conditions.

1. Identification of Conditions, Agreements, Etc.	2. Affected Outfalls		3. Brief Description of Project	4. Final Compliance Date	
	number	source of discharge		a. req.	b. proj.
N/A		***N/A***	***N/A***		

B. You may attach additional sheets describing any additional water pollution (or other environmental projects which may affect your discharges) you now have under way or which you plan. Indicate whether each program is now under way or planned, and indicate your actual or planned schedules for construction.

III. Site Drainage Map

Attach a site map showing topography (or indicating the outline of drainage areas served by the outfall(s) covered in the application if a topographic map is unavailable) depicting the facility including: each of its intake and discharge structures; the drainage area of each storm water outfall; paved areas and buildings within the drainage area of each storm water outfall, each known past or present areas used for outdoor storage or disposal of significant materials, each existing structure control measure to reduce pollutants in storm water runoff, materials loading and access areas, areas where pesticides, herbicides, soil conditioners and fertilizers are applied; each of its hazardous waste treatment, storage or disposal units (including each are not required to have a RCRA permit which is used for accumulating hazardous waste under 40 CFR 262.34); each well where fluids from the facility are injected underground; springs, and other surface water bodies which receive storm water discharges from the facility.

Continued on Page 2

Continued from the Front

IV. Narrative Description of Pollutant Sources

A. For each outfall, provide an estimate of the area (include units) of impervious surfaces (including paved areas and building roofs) drained to the outfall, and an estimate of the total surface area drained by the outfall.

Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)	Outfall Number	Area of Impervious Surface (provide units)	Total Area Drained (provide units)
001	*33,059 Sq. Ft.*	*33,059 Sq. Ft.*			
003	*25,737 Sq. Ft.*	*25,737 Sq. Ft.*			

B. Provide a narrative description of significant materials that are currently or in the past three years have been treated, stored or disposed in a manner to allow exposure to storm water; method of treatment, storage, or disposal; past and present materials management practices employed to minimize contact by these materials with storm water runoff; materials loading and access areas; and the location, manner, and frequency in which pesticides, herbicides, soil conditioners, and fertilizers are applied.

Tanks stored within Outfall 001 drainage area:

(1) 2,000 gallon Therminol 55 oil tank
(2) 500 gallon Therminol 55 oil tank

Tanks also stored within Outfall 001 drainage area, that were previously stored within Outfall 002 drainage area prior to 2008:

(1) 800,000 gallon No. 2 fuel oil tank
(2) 10,000 gallon Therminol 55 oil tank
(3) 10,000 gallon waste oil tank
(4) 10,000 gallon No. 2 fuel oil tank
(1) 6,000 gallon empty tank

Outfall 003:
This is a paved roadway surface area. There are no significant materials stored in this stormwater drainage area. This roadway is used for transporting materials around the plant. Also, this area is used to load and unload materials and chemicals into the plant storage areas.

C. For each outfall, provide the location and a description of existing structural and nonstructural control measures to reduce pollutants in storm water runoff; and a description of the treatment the storm water receives, including the schedule and type of maintenance for control and treatment measures and the ultimate disposal of any solid or fluid wastes other than by discharge.

Outfall Number	Treatment	List Codes from Table 2F-1
001	***Stormwater discharged to 5,000,000 gallon lagoon***	***See Attachment 1***
003	***Stormwater discharged to Pigg River***	

V. Non Stormwater Discharges

A. I certify under penalty of law that the outfall(s) covered by this application have been tested or evaluated for the presence of nonstormwater discharges, and that all nonstormwater discharges from these outfall(s) are identified in either an accompanying Form 2C or Form 2E application for the outfall.

Name of Official Title *(type or print)*	Signature	Date Signed
R. Lane Leonard, General Manager	R Lane Leonard	3/21/2013

B. provide a description of the method used, the date of any testing, and the onsite drainage points that were directly observed during a test.

Outfall 003 drainage area is totally seperated from our main plant area. The drainage area is comprised entirely of stormwater discharge. After a thorough inspection of the plant flood drainage system and a review of our schematics, there is no other non-stormwater discharge source found. Stormwater is discharged to the Pigg River.

VI. Significant Leaks or Spills

Provide existing information regarding the history of significant leaks or spills of toxic or hazardous pollutants at the facility in the last three years, including the approximate date and location of the spill or leak, and the type and amount of material released.

N/A

EPA ID Number *(copy from Item I of Form 1)*
VAD121824023

Continued from Page 2

VII. Discharge Information

A,B,C, & D: See instruction before proceeding. Complete one set of tables for each outfall. Annotate the outfall number in the space provided. Tables Vii-A, VII-B, and VII-C are included on separate sheets numbered VII-1 and VII-2.

E. Potential discharges not covered by analysis - is any toxic pollutant listed in table 2F-2, 2F-3, or 2F-4, a substance or a component of a substance which you currently use or manufacture as an intermediate or final product or byproduct?

☐ Yes *(list all such pollutants below)* ☒ No *(go to Section IX)*

N/A

VIII. Biological Toxicity Testing Data

Do you have any knowledge or reason to believe that any biological test for acute or chronic toxicity has been made on any of your discharges or on a receiving water in relation to your discharge within the last 3 years?

☐ Yes *(list all such pollutants below)* ☒ No *(go to Section IX)*

N/A

IX. Contact analysis Information

Were any of the analysis reported in item VII performed by a contact laboratory or consulting firm?

☒ Yes *(list the name, address, and telephone number of, and pollutants analyzed by, each such laboratory or firm below)* ☐ No *(go to Section X)*

A. Name	B. Address	C. Area Code & Phone No.	D. Pollutants Analyzed
Pace Analytical	***205 East Meadow Road, Suite A, Eden, NC 27288***	***336-623-8921***	***All testing***

X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

A. Name & Official Title *(type or print)*	B. Area Code and Phone No.
R. Lane Leonard, General Manager	***540-484-4698***
C. Signature R Lane Leonard	D. Date Signed 3/21/2013

EPA ID Number *(copy from Item I of Form 1)*
VAD121824023

Form Approved. OMB No. 2040-0086
Approval expires 5-31-92

VII. Discharge Information *(Continued from page 3 of Form 2F)* (OUTFALL 003)

Part A - You must provide the results of at least one analysis for every pollutant in this table. Complete one table for each outfall. See instructions for additional details.

Pollutant And CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number Of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 30 Minutes	Flow-weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-weighted Composite		
Oil & Grease	***ND***	***ND***			***1***	
Biological Oxygen Demand (BOD5)	***ND***	***2.2 mg/L***			***1***	
Chemical Oxygen Demand (COD)	***ND***	***ND***			***1***	
Total Suspended Solids (TSS)	***ND***	***2.9 mg/L***			***1***	
Total Organic Nitrogen	***ND***	***ND***			***1***	
Total Phosphorus	***0.13 mg/L***	***0.14 mg/L***			***1***	
pH			Minimum	Maximum		

Part B - List each pollutant that is limited in an effluent guideline which the facility is subject to or any pollutant listed in the facility's NPDES permit for its process wastewater (if the facility is operating under an existing NPDES permit). Complete one table for each outfall. See the instructions for additional details and requirements.

Pollutant And CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number Of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 30 Minutes	Flow-weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-weighted Composite		
BOD5	***ND***	***2.2 mg/L***			***1***	
COD	***ND***	***ND***			***1***	
TSS	***ND***	***2.9 mg/L***			***1***	
Sulfide						
Phenols	***0.077 mg/L***	***0.022 mg/L***			***1***	
Total Chromium	***ND***	***ND***			***1***	
pH						

Part C - List each pollutant shown in Tables 2F-2, 2F-3, and 2F-4 that you know or have reason to believe is present. See the instructions for additional details and requirements. Complete one table for each outfall.

(OUTFALL 003)

Pollutant And CAS Number *(if available)*	Maximum Values *(include units)*		Average Values *(include units)*		Number Of Storm Events Sampled	Sources of Pollutants
	Grab Sample Taken During First 30 Minutes	Flow-weighted Composite	Grab Sample Taken During First 30 Minutes	Flow-weighted Composite		
Total Nitrogen	***0.22 mg/L***	***0.25 mg/L***			***1***	
Nitrate as N	***0.11 mg/L***	***0.09 mg/L***			***1***	
Oil and Grease	***ND***	***ND***			***1***	
Total Kjeldahl Nitrogen	***ND***	***ND***			***1***	
Total Phenols	***0.077 mg/L***	***0.022 mg/L***			***1***	
Total Phosphorous	***0.13 mg/L***	***0.14 mg/L***			***1***	
Aluminum	***ND***	***ND***			***1***	
Barium	***25.2 ug/L***	***21.0 ug/L***			***1***	
Iron	***ND***	***ND***			***1***	
Magnesium	***920 ug/L***	***815 ug/L***			***1***	
Manganese	***ND***	***ND***			***1***	
Zinc	***13.5 ug/L***	***ND***			***1***	

Part D - Provide data for the storm event(s) which resulted in the maximum values for the flow weighted composite sample.

1. Date of Storm Event	2. Duration of Storm Event *(in minutes)*	3. Total rainfall during storm event *(in inches)*	4. Number of hours between beginning of storm measured and end of previous measurable rain event	5. Total flow from rain event *(gallons or specify units)*
5/6/13 To 5/9/13	***5040***	***2.5***	***>120***	***11.5 gal/min (58,000 gallons)***

7. Provide a description of the method of flow measurement or estimate.

The estimated flow from Outfall 003 was determined using FlowMaster software estimating a trapezoidal channel with inputs of the following: Side Slopes 1:1, bottom width 2.0 ft, roughness coefficient 0.013, channel slope 0.50 %, normal depth 0.25 inches (observed). Estimated flow was 11.5 gal/min.

May 2013

ATTACHMENT 1

Storm Water

FORM 2F:

Outfall 001: Page 2 of 3, Item IV-C

Storm water entering Outfall 001 is discharged into the wastewater treatment facility. The storm water enters a 5,000,000-gallon lagoon that has an approximately 35 day retention time before the wastewater is treated.

Treatment Description (Codes from Table 2F-1)	
4,000,000 gal. Aerated Lagoon	3-B
1,000,000 gal. Activated Sludge Lagoon	3-A
Coagulation	2-D
Flocculation	1-G
84,420 gal. Sedimentation Basin	1-U
Multimedia Filtration (Optional)	1-Q
84,420 gal. Aerated Sludge Basin	XX
J-Filter Press	5-R
Drying Beds (Optional)	5-H
Landfill	5-Q

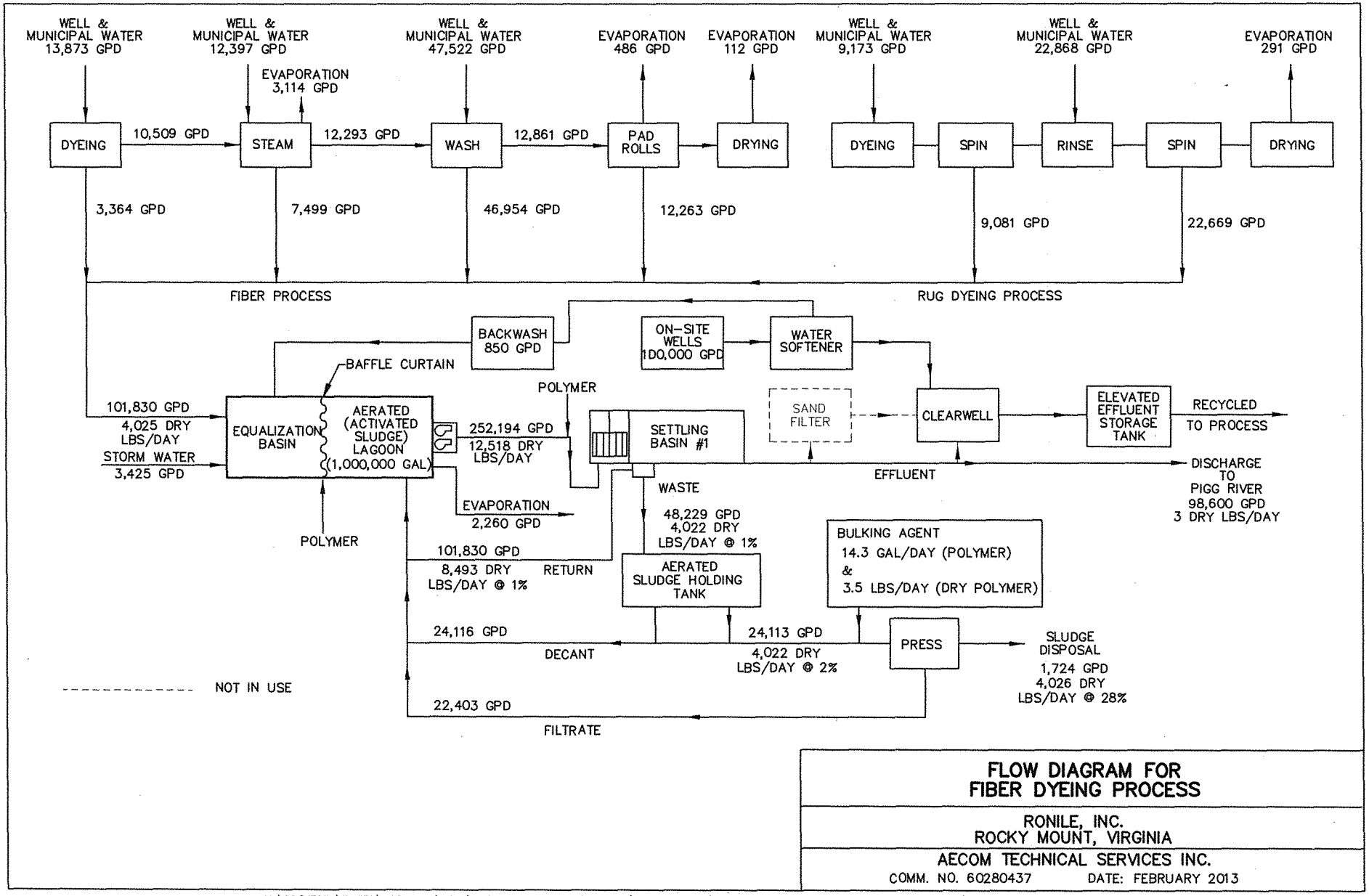
In addition, stormwater discharge from former Outfall 002 will be discharged to the 5,000,000-gallon lagoon of Outfall 001. Storm water is collected and held during storm events in earthen and cement block dikes and then discharged to the lagoon at Outfall 001.

Outfall 003: Page 2 of 3, Item IV-C

Ronile has designed a visual inspection program that is conducted on a daily basis. The sensitive areas of operation are checked for malfunctions, structural deterioration, operator errors, and discharges that could lead to the release of substances handled in this area.

An emergency gate, located adjacent to the outfall, can be used at the head of the outfall to contain any accidental spill within the paved area. Sand is located nearby to reinforce and seal the gate. Additionally, booms are located in the Dyehouse (approximately 100 feet away) that could be deployed at the gate area to further contain any liquids.

Flow from Outfall 003 is discharged into the Pigg River. The estimated flow from Outfall 003 was determined using FlowMaster software estimating a trapezoidal channel with inputs of the following: Side Slopes 1:1, bottom width 2.0 ft, roughness coefficient 0.013, channel slope 0.50 %, normal depth 0.25 inches (observed). Estimated flow was 11.5 gal/min.



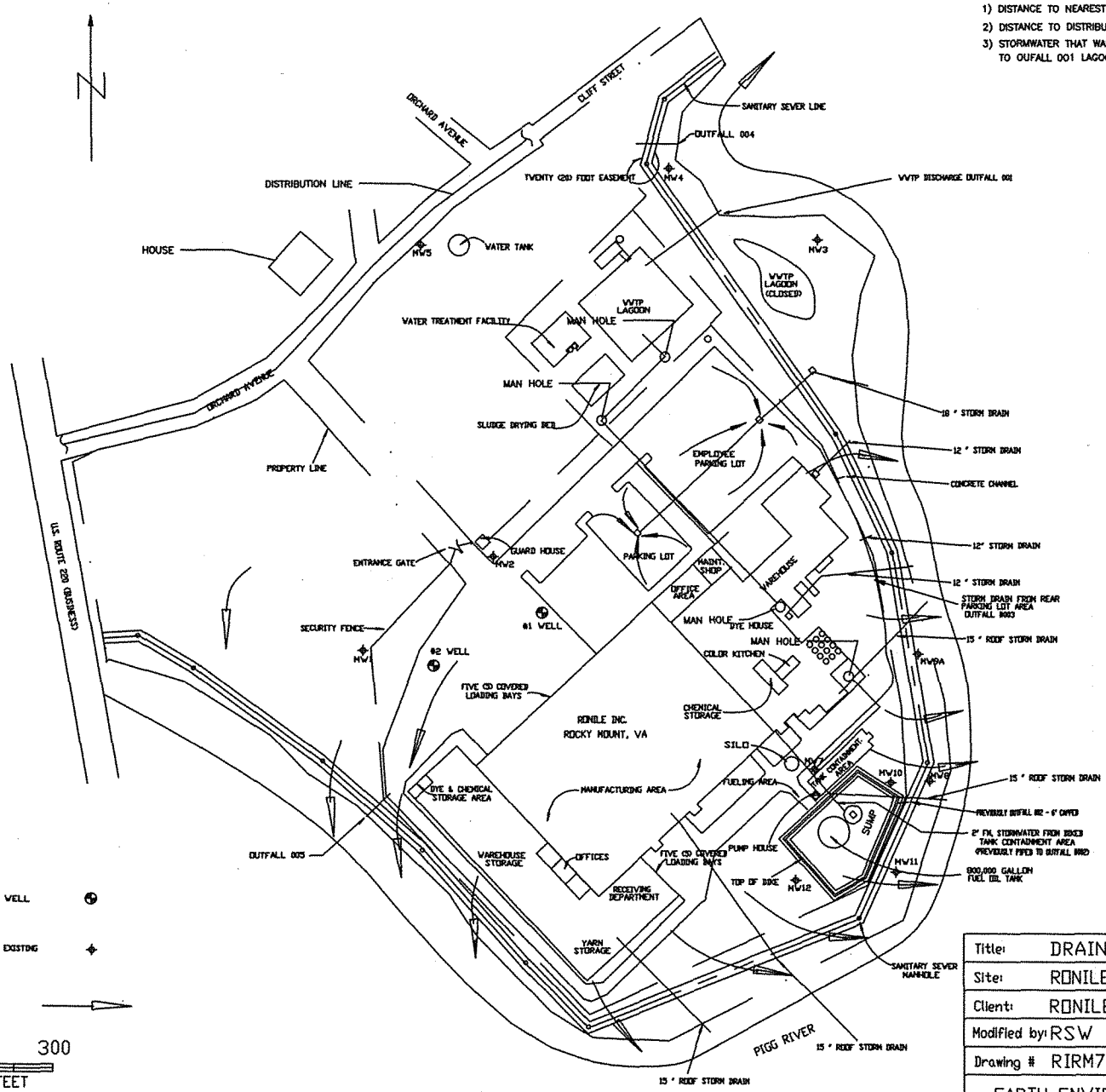
FLOW DIAGRAM FOR FIBER DYEING PROCESS

RONILE, INC.
ROCKY MOUNT, VIRGINIA

AECOM TECHNICAL SERVICES INC.
COMM. NO. 60280437 DATE: FEBRUARY 2013

M:\PROJECTS\WATER\60280437\0001\400_TECHNICAL_INFORMATION\414_PROCESS\VPDES PERMIT RENEWAL 2012\2012 DRAWINGS\FLOW DIAGRAM 2012.DWG 61002 03/19/2013 15:17:56 GEARHART, DANIEL
RF: NONE IMG: NONE

NOTES:
1) DISTANCE TO NEAREST RESIDENCE: 478 FEET
2) DISTANCE TO DISTRIBUTION LINE FOR POTABLE WATER SUPPLY: 448 FEET
3) STORMWATER THAT WAS PREVIOUSLY DISCHARGED AT OUTFALL 002 REDIRECTED TO OUFALL 001 LAGOON

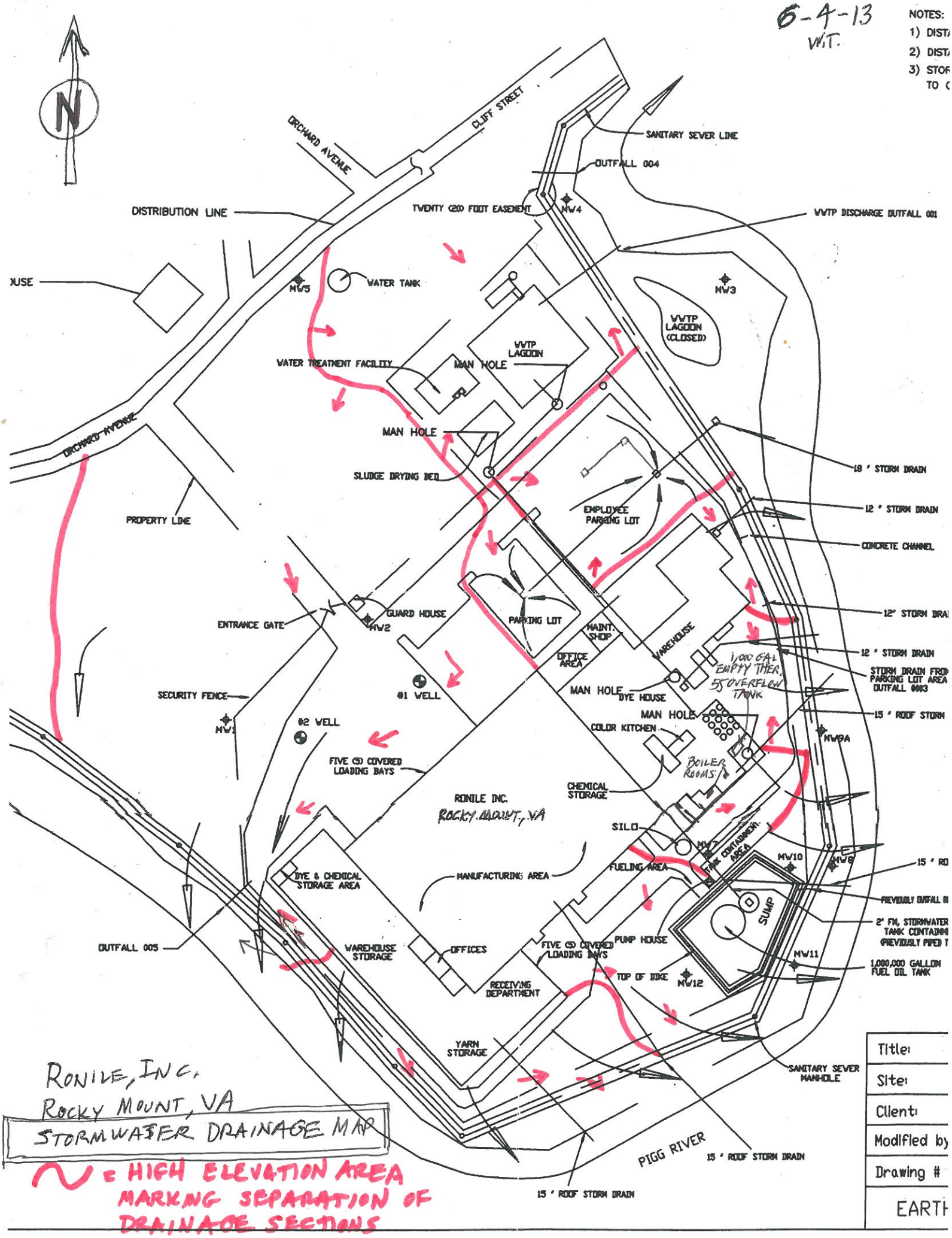


AECOM

COMM. NO.	60280437
DATE:	MARCH 2013
TITLE:	OUTFALL DRAINAGE AREA

Title:	DRAINAGE PLAN		
Site:	RONILE, INC., ROCKY MOUNT, VA		
Client:	RONILE, INC.		
Modified by:	RSW	Date:	2/27/06
Drawing #	RIRM7004.dw2	Layers:	1, 2

EARTH ENVIRONMENTAL CONSULTANTS, INC.



RONILE, INC.
ROCKY MOUNT, VA
STORMWATER DRAINAGE MAP

~ = HIGH ELEVATION AREA MARKING SEPARATION OF DRAINAGE SECTIONS

VPDES PERMIT APPLICATION ADDENDUM – SUPPLEMENTARY INFORMATION

A. General Information

1. Entity to whom the permit is to be issued: _Ronile, Inc._____
   Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.

2. Classify the discharge as one of the following by checking the appropriate line:

   __X _ a. Existing discharge
   _____ b. Proposed discharge
   _____ c. Proposed expansion of an existing discharge

B. Location

1. Is this facility located within city or town boundaries? __Yes (Rocky Mount, VA)__

2. What is the tax map parcel number for the land where this facility is located? __72-342_

3. For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities? __N/A_____

4. What is the total acreage of the property on which the treatment plant is located? _44.49 Acres_

5. Give the minimum elevation of the treatment plant site. ____993.5____ feet

6. Flood elevations of the treatment plant site:

   25 year flood ____undetermined____ feet
   100 year flood ____undetermined____ feet

   NOTE: 25-year and 100-year flood elevations for the treatment were not shown on the Flood Insurance Rate Maps provided by the Federal Emergency Management Agency (FEMA). No hydraulic and hydrologic analyses have been performed to determine the requested elevations.

7. Attached to the back of this application is a location map, which shows the following:

   a. Treatment Plant
   b. Discharge Point
   c. Receiving waters
   d. Boundaries of the property on which the treatment plant is located, or to be located.
   e. Distance from the treatment plant to the nearest: (Indicate "not applicable" for any distance greater than 2000 feet)
      i. Residence (478 feet)

ii. Distribution line for potable water supply (448 ft)
iii. Reservoir, well, or other source of water supply (Located on-site)
iv. Recreational area (N/A)

f. Distance from the discharge point to the nearest: (Indicate "not applicable" for any distance greater than 15 miles)
i. Downstream community (N/A)
ii. Upstream and downstream water intake points (N/A)
iii. Shellfishing waters (N/A)
iv. Wetlands area (N/A)
v. Downstream impoundment (N/A)
vi. Downstream recreational area (N/A)

C. Discharge Description

1. Provide a brief description of the wastewater treatment scheme. Also, to the back of this application, attach a process flow diagram showing each process unit of the treatment plant, including all bypass piping and all backup power sources or redundancy in the system.

The manufacturing facility is a dyer and finisher of natural and synthetic fibers. The yarn is creeled and run through a heat setter for bulking. Then the yarn goes through a dye process where a mixture of dye and dye setting chemicals are added. Excess water, chemicals, and dye are collected and piped out to the wastewater treatment facility. The yarn is steamed to set the dye and is then washed to remove excess dye. The yarn is run through Pad Rollers and a dryer to remove excess water prior to packaging for shipment to the customer. Excess water or condensate is collected and piped to the treatment facility. In the Rug Dye area, dyes and chemicals are mixed with water and pumped into Rug Dye Machines. After drying and rinsing, the water is extracted and piped to a lint removal system, then to the wastewater treatment facility.

2. What is the design average flow of this facility? __0.123000_____ MGD
Industrial facilities:
What is the max. 300-day avg. production levels (include units)? _9,377,842 lbs.____

3. In addition to the above design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? **NO**

If "Yes," please specify the other flow ties (in MGD) or production levels: _____
Please consider: Is you facility's design flow considerably greater than your current flow? Do you plan to expand operations during the next five years?

4. Nature of operations generating wastewater: _Fabric dyeing_____

__10-15_ % of flow from domestic connections/sources

Number of private residences to be served by the wastewater treatment facilities:
__X___ 0 _____ 1-49 _____ 50 or more

__85-90_ % of flow from non-domestic connections/sources

5. Mode of discharge: __X__ Continuous _____ Intermittent _____ Seasonal
   Describe frequency and duration of intermittent or seasonal discharges:
   _____

Identify the characteristics of the receiving stream at the point just above the facility's discharge point:

__X___ Permanent stream, never dry
_____ Intermittent stream, usually flowing, sometimes dry
_____ Ephemeral stream, wet-weather flow, often dry
_____ Effluent-dependent stream, usually or always dry
_____ Lake or pond at or below the discharge point
_____ Other: _____

D. Anticipated Phasing Schedule for Plant Capacity – Proposed/Expanding Discharges
If this application is for a proposed or expanded discharge(s), complete the phasing schedule below beginning with the year in which construction completion is anticipated and progressing in increments of 5 years for 30 years thereafter.

Proposed Design Capacity: _____ MGD

Anticipated Date of Construction Completion: _____ Month/Year

Years after Completion	Projected Flow (MGD)
0	
5	
10	
15	
20	
25	
30	

E. Interim Facilities
Are the wastewater treatment facilities interim? (Designed for a useful life of less than 5 years) **NO**

If "Yes," provide the estimated date to be discontinued (month,year) _____, and the name and location of the intended replacement facility.

_____